

# AUTO CR - LOG SUMMARY #1054685

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that during an excution of a search warrant [REDACTED] two pitbulls attempted to attack the involved members. It is further reported that the involved members discharged their weapons destroying the dogs.	(None Entered)		

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	STOPPA, KENNETH A 339		[REDACTED]	011 /	LIEUTENANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
11-JUN-2012 10:43 - 11-JUN-2012 10:43	[REDACTED]	1134	011	090 - APARTMENT	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	DALY, EDMUND H	7991	[REDACTED]	314 /	POLICE OFFICER	M	S		
CPD Employee	Involved Member	MC CRAY, DAVID	18508	[REDACTED]	314 /	POLICE OFFICER	M	BLK		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

## Investigator History

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	03-DEC-2012 04:56	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	03-DEC-2012 04:56	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	10-JUL-2012 03:56	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	10-JUL-2012 08:02	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	12-JUN-2012 08:41	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	12-JUN-2012 08:41	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	12-JUN-2012 08:40	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	12-JUN-2012 12:59	KOCHAN, MARK	POLICE OFFICER	116 /	initiated by: Name STOPPA, KENNETH Star No. 339 Emp N [REDACTED] Assigned Unit No. 011 Position LIEUTENANT OF POLICE

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					KOCHAN, MARK	12-JUN-2012 12:59			
	DOCUMENTS - INTAKE INCIDENT		2	PO David McCray Star# 18508	N	TOPPINS, YOLANDA	12-JUN-2012 08:36	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		30		N	TOUSANT, LISA	10-JUL-2012 08:01	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Edmund Daly Star# 18508	N	TOPPINS, YOLANDA	12-JUN-2012 08:35	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Part 2of 2	N	TOUSANT, LISA	10-JUL-2012 07:52	DELETED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 12-JUN-2012) - LOG #1054685

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	STOPPA, KENNETH A	339		011 /	LIEUTENANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
11-JUN-2012 10:43 - 11-JUN-2012 10:43	, IL	1134	011	090 - APARTMENT	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	12-JUN-2012 00:59	KOCHAN, MARK	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	03-DEC-2012 04:56	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	03-DEC-2012 04:56	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	10-JUL-2012 03:56	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	10-JUL-2012 08:02	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	12-JUN-2012 08:41	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	12-JUN-2012 08:41	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	12-JUN-2012 08:40	TOPPINS, YOLANDA	INTAKE AIDE	113 /	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	12-JUN-2012 12:59	KOCHAN, MARK	POLICE OFFICER	116 /	initiated by: Name STOPPA, KENNETH Star No. 339 Emp No. [REDACTED] Assigned Unit No. 011 Position LIEUTENANT OF POLICE

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT <b>11-JUN-2012</b>		TIME <b>22:43:00</b>		2 ADDRESS OF OCCURRENCE <b>[REDACTED]</b>				3 LOCATION CODE <b>090</b>		4 BEAT/OCCUR <b>1134</b>								
	5 POSITION <b>9161</b>		6 LAST NAME <b>DALY</b>		7 FIRST NAME <b>EDMUND H</b>		8 STAR NO <b>7991</b>		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE <b>S</b>		11 AGE <b>[REDACTED]</b>		12 HT <b>511</b>		13 WT <b>190</b>		
	14 DATE OF APPT <b>03-JAN-1995</b>		15 EMPLOYEE NO <b>[REDACTED]</b>		16 UNIT & BEAT OF ASSIGNMENT <b>314 6741C</b>		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
	20 LAST NAME <b>[REDACTED]</b>		21 FIRST NAME <b>[REDACTED]</b>		22 M I <b>[REDACTED]</b>		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE <b>[REDACTED]</b>		25 D O B <b>[REDACTED]</b>		26 HT <b>[REDACTED]</b>		27 WT <b>[REDACTED]</b>				
SUBJECT INFORMATION	28 ADDRESS <b>[REDACTED]</b>				29 TELEPHONE NO <b>[REDACTED]</b>		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>				34 BY WHOM? <b>[REDACTED]</b>		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid												
	36 CHARGES PLACED <b>[REDACTED]</b>				37 CB NO <b>[REDACTED]</b>		IR NO <b>[REDACTED]</b>		DNA <input type="checkbox"/> DNA										
REASON FOR USE OF FORCE (Check all that apply)	38 <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE				
			DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER <b>[REDACTED]</b>		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER <b>[REDACTED]</b>		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER <b>[REDACTED]</b>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <b>[REDACTED]</b>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER <b>ANIMAL ATTACK</b> <input checked="" type="checkbox"/>		
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA		40 ADDITIONAL INFORMATION <b>(2) PITBULL DOGS ATTACKED R/O UPON EXECUTION OF SEARCH WARRANT 12SW6152 FOR LISTED ADDRESS.</b>		POSITION <b>[REDACTED]</b>		STAR NO <b>[REDACTED]</b>		UNIT <b>[REDACTED]</b>		41 WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS <b>CLEAR</b>		
	45 MAKE/MANUFACTURER <b>GLOCK, INC --AU--</b>		46 MODEL <b>30</b>		47 BARREL LENGTH <b>3.78</b>		48 CALIBER/GAUGE <b>45 CAL</b>		49 TASER DART ID NO <b>[REDACTED]</b>		50 WEAPON SERIAL No (Include Letters) <b>[REDACTED]</b>		51 CHICAGO GUN REG NO <b>[REDACTED]</b>		52 IL FIREARM OWNER ID NO <b>[REDACTED]</b>		53 HANDGUN CERTIFICATE NO <b>[REDACTED]</b>		
	54 SPECIAL WEAPON CERTIFICATE NO <b>[REDACTED]</b>		55 PROPERTY INVENTORY NO <b>[REDACTED]</b>		56 TYPE OF AMMUNITION USED <b>Department Issued</b>		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58 TOTAL NO OF SHOTS MEMBER FIRED <b>1</b>		59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED <b>0</b>		62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>		65 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>DOOR</b>		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
CASE INFO.	72		NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR		NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report												
SIGNATURES	73 REPORTING MEMBER (Print Name) <b>DALY, EDMUND H</b>		STAR/EMPLOYEE NO <b>7991</b>		SIGNATURE <b>[REDACTED]</b>														
	74 REVIEWING SUPERVISOR (Print Name) <b>CASEY, TIMOTHY A</b>		STAR NO <b>1123</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>12-JUN-2012 00:48:55</b>		TIME <b>12-JUN-2012 00:48:55</b>										

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1 ) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2 ) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3 ) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1 ) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2 ) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3 ) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer's actions were both reasonable and necessary to protect himself from the attacking dogs

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1054685 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

**STOPPA, KENNETH A**

SIGNATURE



DATE COMPLETED TIME

**12-JUN-2012 00:54:34**

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

**2**

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT <b>11-JUN-2012</b>		TIME <b>22:43:00</b>		2 ADDRESS OF OCCURRENCE <b>1117 1/2 S TROY ST , Apt @W CHICAGO, IL 60612</b>				3 LOCATION CODE <b>090</b>		4 BEAT/OCCUR <b>1134</b>									
	5 POSITION <b>9161</b>		6 LAST NAME <b>MC CRAY</b>		7 FIRST NAME <b>DAVID</b>		8 STAR NO <b>18508</b>		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE <b>BLK</b>		11 AGE <b>[REDACTED]</b>		12 HT <b>510</b>		13 WT <b>180</b>			
	14 DATE OF APPT <b>31-MAY-1994</b>		15 EMPLOYEE NO <b>[REDACTED]</b>		16 UNIT & BEAT OF ASSIGNMENT <b>314 6741E</b>		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	20 LAST NAME		21 FIRST NAME		22 M I		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE		25 D O B		26 HT		27 WT					
SUBJECT INFORMATION	28 ADDRESS				29 TELEPHONE NO		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?				34 BY WHOM?		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
	36 CHARGES PLACED <input checked="" type="checkbox"/> DNA								37 CB NO		IR NO		<input checked="" type="checkbox"/> DNA							
REASON FOR USE OF FORCE (Check all that apply)																				
	38 <input type="checkbox"/> DNA																			
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT ASSAULT				ASSAILANT BATTERY				ASSAILANT DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____				FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____				IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____				ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER <u>ANIMAL ATTACK</u>			
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				FIREARM <input checked="" type="checkbox"/> OTHER _____			
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA																			
	40 ADDITIONAL INFORMATION <b>ANIMAL ATTACK. (2) PITBULLS CHARGED R/O DURING THE EXECUTION OF SEARCH WARRANT 12SW6152. R/O FIRED FOR HIS OWN SAFETY AS WELL AS HIS FELLOW P/O'S.</b>																			
	POSITION		STAR NO		UNIT															
WEAPON DISCHARGE INCIDENT	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN				42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44 WEATHER CONDITIONS <b>OTHER</b>							
	45 MAKE/MANUFACTURER <b>SIG-SAUER/COLT SAUER --GE-- (BEHORDEN)</b>				46 MODEL <b>P220</b>				47 BARREL LENGTH <b>4</b>				48 CALIBER/GAUGE <b>45 CAL</b>							
	49 TASER DART ID NO		50 WEAPON SERIAL No (Include Letters)				51 CHICAGO GUN REG NO				52 IL FIREARM OWNER ID NO				53 HANDGUN CERTIFICATE NO					
	54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO				56 TYPE OF AMMUNITION USED <b>Department Issued</b>				57 NO OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>				58 TOTAL NO OF SHOTS MEMBER FIRED <b>5</b>					
WEAPON DISCHARGE INCIDENT	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)				60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED				62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)							
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD								65 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>DOOR</b>								67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT											
	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN								69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
CASE INFO.	70 EVENT NO																			
	71 R D NO																			
SIGNATURES	72																			
	NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																			
SIGNATURES	73 REPORTING MEMBER (Print Name) <b>MC CRAY, DAVID</b> <b>12-JUN-2012 00:44:30</b>																			
	STAR/EMPLOYEE NO <b>18508</b> <b>57055</b> SIGNATURE <b>[REDACTED]</b> Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																			
SIGNATURES	74 REVIEWING SUPERVISOR (Print Name) <b>CASEY, TIMOTHY A</b> STAR NO <b>1123</b> SIGNATURE <b>[REDACTED]</b> DATE REVIEWED <b>12-JUN-2012 00:49:44</b> TIME																			



## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1 ) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2 ) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3 ) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1 ) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2 ) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3 ) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer's actions were both reasonable and necessary to protect himself from the attacking dogs

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1054685 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

**STOPPA, KENNETH A**

SIGNATURE



DATE COMPLETED TIME

**12-JUN-2012 00:55:01**

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

**2**



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name DAVID McCRAE Title POLICE OFFICER  
Star No. 1850B Employee No. [REDACTED] Unit 314

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>David McCRAE</u>		Involved Member's Signature <u>[Signature]</u> #18508		Date and Time <u>12 Jun 12 0305</u>	
Type of Test: <u>Alcohol</u>	Location: <u>3151 W. HARRISON 011th Dist</u>		Date and Time: <u>12 Jun 2012 0246H</u>		
Type of Test: <u>Drug</u>	Location: <u>3151 W. HARRISON 011th Dist</u>		Date and Time: <u>12 Jun 2012 0255H</u>		

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>Sgt. JENNIFER COCHRAN</u> #894	B.I.A. Supervisor's Signature <u>[Signature]</u> #894	Date and Time <u>12 JUN 2012 0305HMS</u>
---	--	---

CRD 44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

Log # 1054685

BAC - .000

START - 0221 HRS.  
STOP - 0241 HRS.



6/15/2012 6:29:08 AM

## Drug Detail Report

### PATIENT INFORMATION

Quest Diagnostics Employer Solutions  
Customer Care: 800-877-7484

Primary ID: [REDACTED]

### SPECIMEN INFORMATION

REQUISITION: 1882486  
LAB REF NO: 793217Z  
COLLECTED: 6/12/2012 02:55  
RECEIVED: 6/13/2012 08:18  
REPORTED: 6/13/2012 13:55  
DOCUMENT ID:

### CLIENT INFORMATION



Reason: OTHER -- WEAPONS DISCHARGE

Tests Ordered: 35190N

### Integrity Checks

### Acceptable Range

CREATININE	>350	
pH	5.3	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

### Substance Abuse Panel

Initial Test Level	GC/MS Confirm Test Level
-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSSM04

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa  
10101 Renner Blvd  
Lenexa KS 66219

### ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR

6/15/2012

CPD 0077190

**INVESTIGATIONS DIVISION**  
**General Investigations Section**

**12 JUN 2012**  
**CL #1054685**

**TO:** Juan RIVERA – Bureau Chief  
Bureau of Internal Affairs

**ATTN:** Robert KLIMAS – Commander  
Investigations Division

**ATTN:** Lieutenant Susan CLARK Star #320  
Administrative Section  
Investigations Division

**FROM:** Sergeant Terrance COCHRAN Star #894  
General Investigations Section  
Investigations Division

**SUBJECT:** Synoptic Report – Firearms Discharge Incident (Animal)

**REFERENCE:** LOG# : 1054685  
SW# : [REDACTED]  
RD# : HV-[REDACTED]  
EVENT# : [REDACTED]

**INCIDENT LOCATION:** 1117 South Troy Street, Chicago, ILLINOIS (Beat 1134)

**DATE & TIME:** 11 JUN 2012 2243 Hours

**OCIC, W/C:** 011<sup>th</sup> District 1<sup>st</sup> Watch D.S.S. – Lieutenant Kenneth STOPPA  
Star #339  
Unit #314 (Area Four Gangs) / Beat 6743 - Sergeant Timothy  
CASEY Star #1123

**INVOLVED MEMBER #1:** Police Officer Edmund DALY  
Star #7991  
Employee # [REDACTED]  
Unit of Assignment: Unit #314 (Area Four Gangs - Beat 6741C)  
C/S: 03 JAN 1995  
DOB: [REDACTED]

**RESULTS:** B.A.C. 000 [REDACTED]

**INVOLVED MEMBER #2:** Police Officer David McCRAY  
Star #18508  
Employee [REDACTED]  
Unit of Assignment: Unit #314 (Area [REDACTED] - Beat 6741E)  
C/S: 31 MAY 1994  
DOB: [REDACTED]

INVESTIGATIONS DIVISION  
General Investigations Section

12 JUN 2012  
CL #1054685

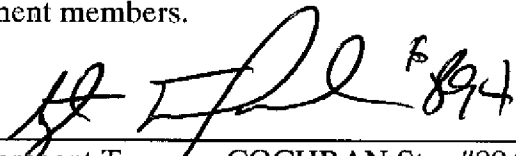
(Continuation of Narrative Page #2 of 2)

RESULTS: B.A.C. .000 [REDACTED]

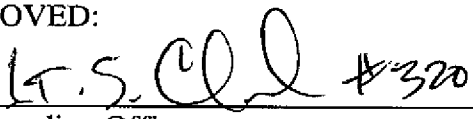
IN SUMMARY: Notification was received from Officer Mark KOCHAN Star #7160 of the Crime Prevention and Information Center at approximately 2345 Hours on 11 JUN 2012 regarding a Firearms Discharge Incident in the 011<sup>th</sup> District. This incident is recorded under RD #HV-[REDACTED] & EVENT [REDACTED]. After speaking with the 011<sup>th</sup> District 1<sup>st</sup> Watch District Station Supervisor, Lieutenant Kenneth STOPPA Star #339 and Unit #314 - Area Four Gangs Sergeant Timothy CASEY Star #1123, the Reporting Sergeant went to the 011<sup>th</sup> District at 3151 West Harrison (0110 Hours – 12 JUN 2012).

Upon Officer DALY becoming available, the Reporting Sergeant collected the urine specimen of involved member at 0135 Hours on 12 JUN 2012. DALY was then presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge incident" form. The 20 (twenty) minute observation period of involved member was begun at 0140 Hours on 12 JUN 2012. The Breath Test was conducted at 0211 Hours on 12 JUN 2012 and returned with a BAC reading of .000.

Upon Officer McCRAY becoming available, he was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge incident" form. The 20 (twenty) minute observation period of involved member was begun at 0221 Hours on 12 JUN 2012. The Breath Test was conducted at 0246 Hours on 12 JUN 2012 and returned with a BAC reading of .000. The Reporting Sergeant then collected the urine specimen of involved member at 0255 Hours on 12 JUN 2012. Lieutenant STOPPA was notified of the test results of the involved Department members.

  
Sergeant Terrance COCHRAN Star #894  
General Investigations Section  
Investigations Division

APPROVED:

  
\_\_\_\_\_  
Commanding Officer  
Administrative Section  
Investigations Division

911 Call Info

Assisting Units

EVENT ASSISTING UNITS

RD No: HV      Event No:      Add. of Occur: 1117 S TROY ST

Unit: 6741C      Case Cancel Flag:      RD # Assigned Date: 00:03 12-JUN-2012

S911 ASSISTING UNITS

Unit Assigned	Assigned Date	Unit Occ. Count	Personnel ID1	Personnel ID2	Personnel ID3	Personnel ID4	Personnel ID5
6743	22:43 11-JUN-2012	1					
1110R	22:55 11-JUN-2012	2					
6743A	22:55 11-JUN-2012	3					
1171R	23:36 11-JUN-2012	4					
6741C	00:03 12-JUN-2012	5					

TCH

LOGON ID

EMP\_TYPE

P

11:24:54 PM



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name EDMUND DABY Title POLICE OFFICER  
Star No. 7991 Employee No. [REDACTED] Unit 314

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
Edmund Daby 7991	<i>Edmund Daby</i> 7991	12 Jun 12 0220 HRS.
Type of Test: <b>Alcohol</b>	Location: 3151 W. HARRISON 011TH DIST	Date and Time: 12 JUN 2012 0211 HRS
Type of Test: <b>Drug</b>	Location: 3151 W. HARRISON 011TH DIST	Date and Time: 12 JUN 2012 0135 HRS.

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
Sgt TERRANCE COCHRAN	<i>[Signature]</i> 894	12 JUN 2012 0220 HRS.

CPD 44.252 (REV. 11/11) DISTRIBUTION. ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

Log # 1054685  
WD # [REDACTED]

<BAL - .000>

START - 0140 HRS  
STOP - 0200 HRS



Chicago Police Department

There are currently 629 users online.



11 June 2012 11:24:54 PM

**CLEAR Data Warehouse  
Personnel Check Sorted by Name  
For All Units**

**Report Date= 6/11/2012 Requested By= PC0L389**

LAST	FIRST	MI	SEX	RACE	BIRTH DATE	AGE	EMPL #	HGT	WGT	TITLE	APPTMT DATE	CON	SRVC DT	SENRTY DT	YOJ	DIST	STAR	ASGN	DTL	WATCH	ACCNO	EMP TYPE
DALY	EDMUND	H	M	HISP		43		511	190	9161	03-JAN-1995	03-JAN-1995	03-JAN-1995	03-JAN-1995	17	008	7991	314	4			P

This results table currently has 1 records in it.  
For Official Police Use Only! Not For Dissemination!



## S911 Call Inquiry

911 Call Info

Assisting Units

## EVENT

Event No: [REDACTED] RD No: HV [REDACTED] Call Taker ID: D106919 Dispatcher ID: D541238

## OCCURRENCE/SERVICE ADDRESS

Street # Dir. Street Name

Apt # Floor# Beat

Occurrence [REDACTED] 1134

Service [REDACTED] 1134

## CALL

JUN-2012

Call Completed Date: 01:00 12-JUN-2012

Last Name

First Name

M.I.

Caller:

Source of Call: RADIO (ON VIEW)

Street # Dir. Street Name

Apt #

Floor#

Phone #

Address:

Initial/Priority of Call: ☒

## FINAL COMPLETION

Initial Dispatch:

SEARCH

SEARCH WARRANT

Work/Mobile Station: [REDACTED]

ARP Flag: ☐

Call Assigned Date:

22:43 11-JUN-2012

District Handling Call: 011

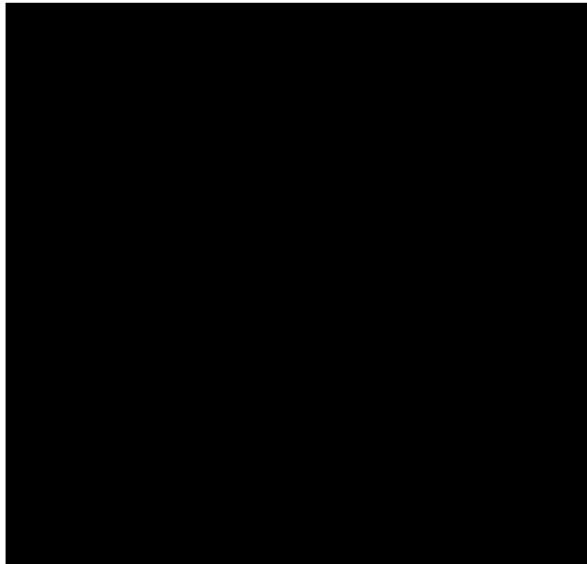
Catch Up Flag: ☐Location Type Flag: ☒

Police Period: 1268

Out of Service Flag: ☐Case Cancelled Flag: ☐Service Location Type Flag: ☒

Final Completion: 2022

NARCOTICS POSS. CONTROLL



SUBJECT

WDA12-8152

OPERATOR

Sgt. Toman, LB AN  
CocNAJ

WITNESS

DNA

TEST LOCATION

Log #1054685

**DRUG TEST SPECIMEN AFFIDAVIT**

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified ☒ Photo I. D. by Sgt. Terrance Cochran  
☐ Employer Representative \_\_\_\_\_  
 Signature of Employer Representative \_\_\_\_\_

**PART I -** A. On the 12 day of JUN, 2012 at 0135, I, Edmund Daly  
 (TIME) (PRINT NAME)  
 removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this  
 same cup, then I delivered this cup containing my urine specimen to Sgt. Terrance Cochran  
 and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial. A B  
 MAIN TEST VIAL - NO. [REDACTED] ALTERNATE TEST VIAL - NO. [REDACTED]  
 C. Pour a portion of my urine specimen into a vial with the control number printed on it's side. [REDACTED]  
 D. Close the vial cap.  
 E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]  
 F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

EXAMINEE'S SIGNATURE <u>Edmund Daly</u>	STAR/EMP NO. <u>7991</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u># 894</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u># 894</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

**PART II -** The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:  
[Signature], on 6/12/12 at 0430  
 (STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

**PART III -** I attest that the sealed urine specimen bag containing specimen ID number \_\_\_\_\_ was removed from the Random Drug Testing Unit refrigerator by \_\_\_\_\_ (RDTU MEMBER) and then delivered to \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_ (LAB MEMBER) (DATE) (TIME)  
 Specimen received by \_\_\_\_\_ (LAB MEMBER'S INITIALS) \_\_\_\_\_ (RDTU MEMBER'S SIGNATURE) \_\_\_\_\_ STAR/EMP NO. \_\_\_\_\_

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No. FRANK 3447500020

CHICAGO POLICE DEPT  
POLICE DRUG UNIT, 6108754  
3110 S MICHIGAN AVE  
CHICAGO IL 60653  
P1 312-745-5053 FAX 312-745-6813

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: [REDACTED] First: [REDACTED]

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) WEAPONS DISCHARGE

G. Drug Tests to be Performed:

35190N SAP 10 50/2000 4/HLT

H. Collector

Collection Site Code:

Address

City, St

Collector Phone No.

Collector Fax No.

STEP 2: C

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark  
Specimen Collection: ☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS WEAPONS DISCHARGE IN 011TH DISTRICT

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor, identified in the verification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X Signature of Collector 01350 AM  
Sgt. TERRANCE COCHRAN 06/12/2012  
(Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:  
☒ Quest Diagnostics Courier ☐ FedEx  
☐ Other  
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

Primary Specimen Bottle Seal Intact

SPECIMEN BOTTLE(S) RELEASED TO:

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X Signature of Donor 6/12/12 01350  
(PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)  
Daytime Phone No. ( ) Evening Phone No. ( ) Date of Birth Mo. Day Yr.

UNIT NO.	DELIVER	CONTAINER	AMOUNT	CPD-3
----------	---------	-----------	--------	-------

2.	PROP. INVENTORY NO.	DATE RECEIVED	MANNER RECEIVED	
		12 Feb 2012	<input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB	<input type="checkbox"/> OTHER- DESCRIBE
RING OFFICER	STAR NO.	E & RPS RECEIVING OFFICER	STAR NO.	
	LOG # 1054685			
ITS - DESCRIBE	WD # [REDACTED]			
T \$				

**EVIDENCE - PROPERTY ENVELOPE**

EVIDENCE & RECOVERED PROPERTY SECTION

CHICAGO POLICE DEPARTMENT

SEAL WITHIN WHITE AREA

*[Signature]*

#824

14-559-A

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 12 day of June 2012, I P.O. SAETA # 19581  
received a collected urine specimen from SGT Cochran # 894. The specimen  
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAETA in the presence  
of SGT Cochran 894. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by P.O. SAETA, as witnessed by SGT Cochran 894

Specimen delivered by:

Signature

[Signature]

# 894

Received/stored by:

Signature

[Signature]

# 19581



There are currently 629 users online.

Search

11 June 2012 11:25:44 PM

**CLEAR Data Warehouse**  
**Personnel Check Sorted by Name**  
**For All Units**  
**Report Date= 6/11/2012 Requested By= PC0L389**

LAST	FIRST	MI	SEX	RACE	BIRTH DATE	AGE	EMPL #	HGT	WGT	TITLE	APPTMT DATE	CON SRVC DT	SENRTY DT	YOJ	DIST	STAR	ASGN DTL	WATCH	LOGON ID	EMPL TYPE
MC CRAY	DAVID		M	BLK		44		510	180	9161	31-MAY-1994	31-MAY-1994	31-MAY-1994	18	022	18508	314	4		P

This results table currently has 1 records in it.  
**For Official Police Use Only! Not For Dissemination!**



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name DAVID McCRAV Title Police Officer  
Star No. 1850B Employee No. [REDACTED] Unit 314

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
David McCRAV	<i>[Signature]</i> #18508	12 Jun 12 0305
Type of Test: <b>Alcohol</b>	Location: 3151 W. HARRISON 01th Dist	Date and Time: 12 Jun 2012 0246H
Type of Test: <b>Drug</b>	Location: 3151 W. HARRISON 01th Dist	Date and Time: 12 Jun 2012 0255H

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
Sgt. Terrence COCHRAN #899	<i>[Signature]</i> #894	12 Jun 2012 0305HMS

CPD 44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

Log # 1054685

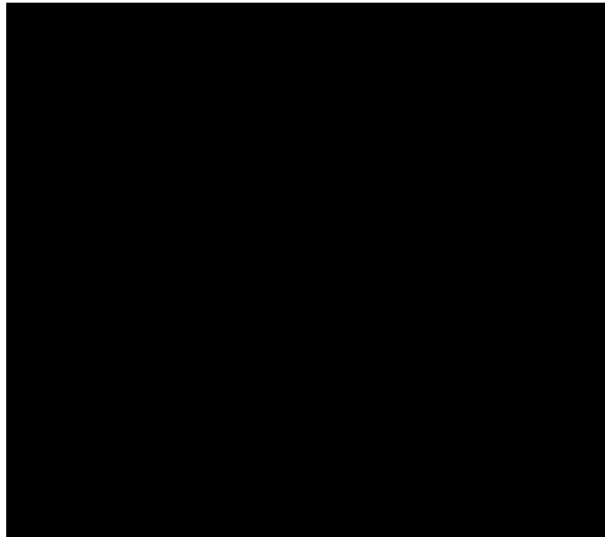
WO # [REDACTED]

BAC - .000

START - 0221 HRS.

STOP - 0241 HRS.





OPERATOR 1894  
Sgt. ~~TERENCE~~ Coe  
WITNESS  
O N A  
TEST LOCATION  
Loc # 1054685  
CJ

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

Signature of Employer Representative

## PART I -

A. On the 12 day of JUN, 2012 at 0255, I, David McCRAV JR

(TIME)

(PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT. TERENCE COCHLAN and witnessed this member:

(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A MAIN TEST VIAL - NO. B ALTERNATE TEST VIAL - NO.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

## PART II -

The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE), on 12 June 12, at 0425, (EXAMINEE'S INITIALS)

## PART III -

I attest that the sealed urine specimen bag containing specimen ID number was removed from the Random Drug Testing Unit refrigerator by (RDTU MEMBER) and then delivered to (LAB MEMBER), on (DATE), at (TIME)

Specimen received by (LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

SPECIMEN ID NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT  
NIGHT DRUG UNIT, 8100734  
3510 S MICHIGAN AVE  
CHICAGO IL 60653  
PI 312-745-5053 FAX 312-745-6813

B. MRO Name, Address, Phone and Fax No. FORM 10 349H500820

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: D N First: A

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) WEAPONS DISCHARGE

G. Drug Tests to be Performed:

3510N SAP 10-50/1000 W/HIT

H. Collection Site Name:

Address: 351 W. HARRISON  
City, State and Zip: CHICAGO, ILLINOIS

Collection Site Code:

Collector Phone No.:

Collector Fax No.:

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

WEAPONS DISCHARGE INCIDENT IN OITM DISTRICT

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

Sgt. Lawrence Cochran  
Signature of Collector  
(Print) Collector's Name (First, MI, Last)

0255 AM  
06/12/2012  
Time of Collection  
Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**

☒ Quest Diagnostics Courier ☐ FedEx  
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED  
AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen  
Bottle Seal Intact**

☐ Yes  
☐ No, Enter Remark

**SPECIMEN BOTTLE(S) RELEASED TO:**

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth

Mo Day Yr

PROP. INVENTORY NO.		DATE RECEIVED 12 JUN 2012		MANNER RECEIVED <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB <input type="checkbox"/> OTHER-DESCRIBE	
NG OFFICER		STAR NO. E & RPS RECEIVING OFFICER Log # 1054685		STAR NO.	
S - DESCRIBE [REDACTED] M4B					
EVIDENCE - PROPERTY ENVELOPE					
EVIDENCE & RECOVERED PROPERTY SECTION					
CHICAGO POLICE DEPARTMENT					
UNIT NO.		DELIVERED		CONTENT	
AMOUNT		CPD-34-5			
SEAL WITHIN WHITE AREA [Signature]					

59-A

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 12 day of JUNE 2012, I P.O. SAETA # 1958/  
received a collected urine specimen from SGT. Cochran # 894. The specimen  
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAETA in the presence  
of SGT. Cochran 894. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by P.O. SAETA, as witnessed by SGT. Cochran

Specimen delivered by:

Signature

[Signature]

#

894

Received/stored by:

Signature

[Signature]

#

1958/

Last Name: DALEY

First Name: EDMUND

Rank: POLICE OFFICER

Star #: 7991

Unit: 314

Home Zip Code: \_\_\_\_\_

Date Hired: 03 JAN 1995

Birthdate: \_\_\_\_\_

  
12 JUN 12

**DRUG TEST SPECIMEN AFFIDAVIT**

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified ☒ Photo I. D. by Sgt. Terrance Cochran  
☐ Employer Representative \_\_\_\_\_  
 Signature of Employer Representative

**PART I -** A. On the 12 day of JUN, 2012 at 0135, I, Edmund Daly  
 (TIME) (PRINT NAME)  
 removed the foil-top seal from a cup, and then removed the contents from the cup, I urinated into this  
 same cup, then I delivered this cup containing my urine specimen to Sgt. Terrance Cochran  
 and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.
- C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number \_\_\_\_\_
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number \_\_\_\_\_

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE <u>Edmund Daly</u>	STAR/EMP NO. <u>7991</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u># 894</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u># 894</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

**PART II -** The urine specimen with the control number \_\_\_\_\_ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:  
[Signature], on 6/12/12, at 0430  
 (STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

**PART III -** I attest that the sealed urine specimen bag containing specimen ID number \_\_\_\_\_ was removed from the Random Drug Testing Unit refrigerator by \_\_\_\_\_ (RDTU MEMBER) and then delivered to \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_ (LAB MEMBER) (DATE) (TIME)  
 Specimen received by \_\_\_\_\_ (LAB MEMBER'S INITIALS) \_\_\_\_\_ (RDTU MEMBER'S SIGNATURE) \_\_\_\_\_ STAR/EMP NO.

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**40005057** **1882487** SPECIMEN ID NO. LAB ACCESSION NO

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone and Fax No.

CHICAGO POLICE DEPT  
RANGERS DRUG UNIT, 4100 N  
4100 N HIGHWAY AVE  
CHICAGO IL 60630  
PH: 773-745-5059 FAX: [REDACTED]

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: [REDACTED] First: [REDACTED]

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) WEAPONS DISCHARGE

G. Drug Tests to be Performed: WILSON SRP ID-50/FOOD N/HL

H. Collector Name: [REDACTED] Address: [REDACTED] City: [REDACTED]

Collection Site Code: [REDACTED] Collector Phone No.: [REDACTED] Collector Fax No.: [REDACTED]

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS WEAPONS DISCHARGE IN OITH DISTRICT

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor, identified in the specification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

☒ Signature of Collector [Signature] 0135 AM/PM  
(Print) Collector's Name (First, MI, Last) SGT TERRANCE COCKLAN Time of Collection 06/12/2012 Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:** ☒ Quest Diagnostics Courier ☐ FedEx ☐ Other

Name of Delivery Service Transferring Specimen to Lab

**RECEIVED AT LAB:** ☒ Signature of Accessioner [Signature]  
(Print) Accessioner's Name (First, MI, Last) [Signature] Date (Mo./Day/Yr.) [Signature]

**Primary Specimen Bottle Seal Intact** ☐ Yes ☐ No, Enter Remark

**SPECIMEN BOTTLE(S) RELEASED TO:**

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

☒ Signature of Donor [Signature] (PRINT) Donor's Name (First, MI, Last) [Signature] Date (Mo./Day/Yr.) [Signature]

Daytime Phone No. ( ) Evening Phone No. ( ) Date of Birth Mo. / Day / Yr.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:  
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS [Signature]

☒ Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) [Signature] Date (Mo./Day/Yr.)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN**

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

☒ Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) [Signature] Date (Mo./Day/Yr.)



RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 12 day of June 2012, I P.O. SAETA # 19581  
received a collected urine specimen from SGT Cochran # 894. The specimen  
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by P.O. SAETA in the presence  
of SGT Cochran 894. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by P.O. SAETA, as witnessed by SGT Cochran 894

Specimen delivered by:

Signature

#

894

Received/stored by:

Signature

#

19581



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name EDMUND DABY Title Police Officer  
Star No. 7991 Employee No. [REDACTED] Unit 314

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name		Involved Member's Signature		Date and Time
Edmund Daby 7991		Edmund Daby 7991		12 Jun 12 0220hrs
Type of Test: Alcohol	Location: 3151 W. Harrison 011th Dist	Date and Time: 12 JUN 2012 0211hrs		
Type of Test: Drug	Location: 3151 W. Harrison 011th Dist	Date and Time: 12 JUN 2012 0135hrs		

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
Sgt. Terrance Cochran	[Signature] 894	12 JUN 2012 0440hrs

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

Log # 1054685  
WD # [REDACTED]

<BAC - .000>

START - 0140 HRS  
STOP - 0200 HRS



6/15/2012 6:29:08 AM

## Drug Detail Report

### PATIENT INFORMATION

Quest Diagnostics Employer Solutions  
Customer Care: 800-877-7484

Primary ID: [REDACTED]

### SPECIMEN INFORMATION

REQUISITION: 1882487  
LAB REF NO: 793462Z  
COLLECTED: 6/12/2012 01:35  
RECEIVED: 6/13/2012 08:24  
REPORTED: 6/13/2012 13:55  
DOCUMENT ID:

### CLIENT INFORMATION

[REDACTED]  
CHICAGO POLICE DEPT  
3510 S MICHIGAN AVE  
CHICAGO, IL 60653

Reason: OTHER -- WEAPONS DISCHARGE

Tests Ordered: 35190N

### Integrity Checks

### Acceptable Range

CREATININE	189.3 mg/dL	>= 20 mg/dL
pH	5.1	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

### Substance Abuse Panel

		Initial Test Level	GC/MS Confirm Test Level
AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSSM04

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa  
10101 Renner Blvd  
Lenexa KS 66219

### ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR

Last Name: McCray  
First Name: DAVID  
Rank: POLICE OFFICER  
Star #: 1850B  
Unit: 314  
Home Zip Code: \_\_\_\_\_  
Date Hired: 31 MAY 1994  
Birthdate: \_\_\_\_\_

  
18 JUN 12

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

☒ Donor I.D. verified

☐ Photo I. D. by

☐ Employer Representative

Signature of Employer Representative

**PART I -** A. On the 12 day of JUN, 2012 at 0255, I, David McCRAE JR  
(TIME) (PRINT NAME)  
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this  
same cup, then I delivered this cup containing my urine specimen to SGT. TERRANCE COCHRAN  
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link  
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial  
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.  
I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode  
label on bag with the number

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

**PART II -** The urine specimen with the control number was received and then secured in the  
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE)

, on 12 June, at 0425

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

**PART III -** I attest that the sealed urine specimen bag containing specimen ID number  
was removed from the Random Drug Testing Unit refrigerator by  
and then delivered to  
(LAB MEMBER) , on (DATE) , at (TIME)  
(RDTU MEMBER)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

40005057 1892486 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT  
HONORABLE DRUG UNIT, #100750  
7110 S MICHIGAN AVE  
CHICAGO IL 60653  
PL 712-745-8058 FAX: 712-745-4817

B. MRO Name, Address, Phone and Fax No. FORM ID: 8897580020

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) WEAPONS DISCHARGE

G. Drug Tests to be Performed:

15190W SAP 10 5077000 W/MTT

H. Collection Site Name:

Collection Site Code:

Address: 3151 W. MARSH  
City, State and Zip: CHICAGO, ILLINOIS

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

WEAPONS DISCHARGE INCIDENT IN OITTA DISTRICT

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

Sgt. TORRANCE COOMAN  
Signature of Collector

Time of Collection

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx  
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes  
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:  
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2 - MEDICAL REVIEW OFFICER COPY

CPD 0077217

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 12 day of June 2012, I P.O. SAETA # 1958/  
received a collected urine specimen from SGT. Cochran # 894 The specimen  
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAETA in the presence  
of SGT. Cochran 894 The following items were removed from the container.

Select One ☒ One tape-sealed vial labeled # WD [redacted] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # WD [redacted]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by P.O. SAETA, as witnessed by SGT. Cochran

Specimen delivered by:

[Signature]  
Signature

#

894

Received/stored by:

[Signature]  
Signature

#

1958/



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name DAVID McCRAE Title POLICE OFFICER  
Star No. 1850B Employee No. [REDACTED] Unit 314

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
David McCRAE	<i>[Signature]</i> #18508	12 Jun 12 0305

Type of Test: Alcohol	Location: 3151 W. HARRISON 01 <sup>st</sup> Dist	Date and Time: 12 Jun 2012 0246H
Type of Test: Drug	Location: 3151 W. HARRISON 01 <sup>st</sup> Dist	Date and Time: 12 Jun 2012 0255H

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
Sgt. JEROME COCHRAN #894	<i>[Signature]</i> #894	12 JUN 2012 0305HRS

CRD 44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

Log # 1054685

WO # [REDACTED]

BAC - .000

START - 0221 HRS.

STOP - 0241 HRS





6/15/2012 6:29 08 AM

## Drug Detail Report

### PATIENT INFORMATION

Quest Diagnostics Employer Solutions  
Customer Care: 800-877-7484

Primary ID: [REDACTED]

### SPECIMEN INFORMATION

REQUISITION: 1882486  
LAB REF NO: 793217Z  
COLLECTED: 6/12/2012 02:55  
RECEIVED: 6/13/2012 08:18  
REPORTED: 6/13/2012 13:55  
DOCUMENT ID:

### CLIENT INFORMATION

40005057  
CHICAGO POLICE DEPT  
3510 S MICHIGAN AVE  
CHICAGO, IL 60653

Reason: OTHER -- WEAPONS DISCHARGE

Tests Ordered: 35190N

### Integrity Checks

### Acceptable Range

CREATININE	>350	
pH	5.3	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

### Substance Abuse Panel

		Initial Test Level	GC/MS Confirm Test Level
AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSSM04

### SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa  
10101 Renner Blvd  
Lenexa KS 66219

### ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR